Participant Annual Update 2025

Name of Participant:_____Date:_____
DOB:_____ Current School/Employer:_____
Parent/Guardian/Caregiver:_____
Current Address:_____
Daytime Phone:_____ Evening Phone: _____
Cell Phone: _____Email: _____
Name of daytime caregiver (if different):_____
Address and phone of daytime caregiver:_____
_____
Emergency Contact (not a parent): _____ Phone: _____
Current Primary Physician: _____
Physician's Phone Number: _____

Please initial and date next to the following items:

Initial_____/Date_____ I agree to and affirm all policies of Ivey Ranch Park Equestrian Center and agree to meet the financial obligations necessary to participate.

Initial_____/Date_____ I agree to and affirm the previously signed Waiver and Indemnity Agreement in its entirety as it is currently maintained in my/my student's file.

Initial_____/Date_____ I agree to and affirm the previously signed Emergency Medical Consent form in its entirety as it is currently maintained in my/my student's file.

Initial_____/Date_____ I have received and read the concussion and head injury information sheet and agree to abide by the concussion protocol as established by the California Interscholastic Federation and adopted by Ivey Ranch Park Equestrian Center.

Initial_____/Date_____ I agree to and affirm the previously signed Media Release as part of my/my student's initial application as it is currently maintained in my/my student's file.

Please contact the office if you would like to request a copy of a previously signed agreement for your records as it is maintained in our files. We would be happy to supply these for you upon request.

I hereby certify that the above information is correct and valid.

_____ _____
Signature of Parent/Guardian or Participant over the age of 18 Date